

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ► **Attach to Form 990.**  
 ► **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

ST. VINCENT FRANKFORT HOSPITAL, INC.

Employer identification number

35 2099320

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			1,580,175		1,580,175	7.38
<b>b</b> Medicaid (from Worksheet 3, column a)			7,126,671	5,226,588	1,900,083	8.87
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0.00
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	8,706,846	5,226,588	3,480,258	16.24
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	8	751	46,812	0	46,812	0.22
<b>f</b> Health professions education (from Worksheet 5) . . . . .	0	0	0	0	0	0.00
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	0	0	0	0	0	0.00
<b>h</b> Research (from Worksheet 7) . . . . .	0	0	0	0	0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	3	2,723	8,429	0	8,429	0.04
<b>j Total.</b> Other Benefits . . . . .	11	3,474	55,241	0	55,241	0.26
<b>k Total.</b> Add lines 7d and 7j . . . . .	11	3,474	8,762,087	5,226,588	3,535,499	16.50

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50192T

Schedule H (Form 990) 2016

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0	0	0	0.00
2 Economic development	1	180	3,486	0	3,486	0.02
3 Community support	1	597	38,289	0	38,289	0.18
4 Environmental improvements	0	0	0	0	0	0.00
5 Leadership development and training for community members	0	0	0	0	0	0.00
6 Coalition building	0	0	0	0	0	0.00
7 Community health improvement advocacy	0	0	0	0	0	0.00
8 Workforce development	0	0	0	0	0	0.00
9 Other	0	0	0	0	0	0.00
10 <b>Total</b>	2	777	41,775	0	41,775	0.19

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes ☐ No ☒
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . . **2** 265,606
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . . **3** 79,682
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . . **5** 7,401,472
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6** 7,328,190
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . . **7** 73,282
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
- ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

- 9a Did the organization have a written debt collection policy during the tax year? . . . . . **9a** ☒
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . **9b** ☒

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
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11				
12				
13				



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** ST. VINCENT FRANKFORT HOSPITAL, INC.**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	✓	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	✓	
<b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	✓	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b> If "Yes," (list url): <u>HTTPS://WWW.STVINCENT.ORG/HOW-WE-ARE-DIFFERENT/COMMUNITY-ASSESSMENT</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		✓
<b>12b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group ST. VINCENT FRANKFORT HOSPITAL, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>5</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>4</u> <u>0</u> <u>0</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> ✓	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> ✓	
<b>a</b> <input type="checkbox"/> The FAP was widely available on a website (list url): _____		
<b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
<b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group ST. VINCENT FRANKFORT HOSPITAL, INC.

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> ✓	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> ✓	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group ST. VINCENT FRANKFORT HOSPITAL, INC.

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	<b>23</b>	✓
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	<b>24</b>	✓
If "Yes," explain in Section C.		

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Part V, Section C

**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1, 'A, 4, 'B, 2, 'B, 3, ' etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p>FACILITY NAME: ST. VINCENT FRANKFORT HOSPITAL, INC.</p> <p>DESCRIPTION: AS FEDERALLY REQUIRED BY THE AFFORDABLE CARE ACT, THE FOLLOWING IS AN OVERVIEW OF THE METHODS AND PROCESS USED TO IDENTIFY AND PRIORITIZE SIGNIFICANT HEALTH NEEDS IN CLINTON COUNTY, INDIANA. ST. VINCENT HEALTH CONTRACTED HEALTHY COMMUNITIES INSTITUTE (HCI) TO HELP FACILITATE THEIR SYSTEM WIDE CHNA WORK AND DOCUMENT ALL EFFORTS. THE SECONDARY DATA INCLUDED OVER 100 COMMUNITY HEALTH AND QUALITY OF LIFE INDICATORS COVERING OVER 20 TOPIC AREAS. HEALTH INDICATORS FOR CLINTON COUNTY WERE COMPARED TO OTHER COUNTIES IN INDIANA AND NATIONWIDE TO SCORE HEALTH TOPICS AND COMPARE RELATIVE AREAS OF NEED. OTHER CONSIDERATIONS FOR HEALTH AREAS OF NEED INCLUDED TRENDS OVER TIME, HEALTHY PEOPLE 2020 TARGETS, AND DISPARITIES BY GENDER AND RACE/ETHNICITY. THE NEEDS ASSESSMENT WAS FURTHER INFORMED BY INTERVIEWS WITH COMMUNITY MEMBERS WHO HAVE A FUNDAMENTAL UNDERSTANDING OF CLINTON COUNTY'S HEALTH NEEDS AND REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. SIX KEY INFORMANTS PROVIDED VALUABLE INPUT ON THE COUNTY'S HEALTH CHALLENGES, THE SUB-POPULATIONS MOST IN NEED, AND EXISTING RESOURCES FOR COUNTY RESIDENTS.</p>
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p>FACILITY NAME: ST. VINCENT FRANKFORT HOSPITAL, INC.</p> <p>DESCRIPTION: THE HOSPITAL CONDUCTED ITS CHNA IN CONJUNCTION WITH COMMUNITY HEALTH NETWORK, FRANCISCAN HEALTH AND INDIANA UNIVERSITY HEALTH.</p>
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	<p><a href="https://www.stvincent.org/how-we-are-different/community-assessment">HTTPS://WWW.STVINCENT.ORG/HOW-WE-ARE-DIFFERENT/COMMUNITY-ASSESSMENT</a></p>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. VINCENT FRANKFORT HOSPITAL, INC.</p> <p>DESCRIPTION: THE ST. VINCENT FY 2017-2019 IMPLEMENTATION STRATEGY SPECIFICALLY ADDRESSES THE FOLLOWING THREE SWHIPS:</p> <p>1) ACCESS TO HEALTH SERVICES ST. VINCENT FRANKFORT WILL USE THE RUAH PATHWAY PROGRAM TO INCREASE ITS REPORTED NUMBER OF COMPLETED PATHWAYS (I.E., VERIFICATION FROM FSSA) IN FY 2015 BY 5% EACH YEAR FOR FYS 2017-2019. ACHIEVING THIS GOAL WILL CONTRIBUTE TO THE PERCENTAGE OF PEOPLE WHO HAVE HEALTH INSURANCE IN CLINTON COUNTY. SPECIFIC ACTION STEPS INCLUDE THE FOLLOWING: HAW ASSESSES FOR ELIGIBILITY AND EDUCATES INDIVIDUALS ABOUT COVERAGE OPTIONS; HAW SUBMITS APPLICATION AND WORKS THROUGH ANY ISSUES OR DELAYS; AND HAW VERIFIES ELIGIBILITY IN ORDER TO COMPLETE THE PATHWAY.</p> <p>2) EXERCISE, NUTRITION &amp; WEIGHT ST. VINCENT FRANKFORT WILL PARTNER WITH A SCHOOL AND A FOOD SOURCE TO PROVIDE ELIGIBLE STUDENTS WITH A WEEKEND BACKPACK OF NUTRITIOUS FOOD THROUGHOUT THE SCHOOL YEAR IN ORDER TO REDUCE THE SCHOOL'S NUMBER OF FAMILIES IN FY 2018 WHO ARE FOOD INSECURE (BASED ON SURVEY RESPONSES) BY 5% AT THE END OF FY 2019 (JUNE 30, 2019). (NOTE: FY 2017 IS THE PLANNING YEAR FOR THE PROGRAM.) SPECIFIC ACTION STEPS INCLUDE THE FOLLOWING: COMPLETE THE WEEKEND FEEDING PROGRAM PREPARATION CHECKLIST; MEET WITH ALL STAKEHOLDERS TO DETERMINE PROGRAM LOGISTICS; PLAN THE SPECIFICS OF YOUR PROGRAM'S PROTOCOL; MAKE FINAL PREPARATIONS FOR THE PROGRAM'S "GO LIVE" DATE IN FY 2018; AND DISTRIBUTE AND COLLECT SURVEYS, ENTER SURVEY DATA INTO SOFTWARE AT THE BEGINNING AND END OF THE SCHOOL YEAR (TWICE A YEAR IN FY 2018 AND FY 2019).</p> <p>3) BEHAVIORAL HEALTH ST. VINCENT FRANKFORT WILL OFFER RX FOR CHANGE TRAINING AT NO CHARGE TO ANYONE WHO WORKS IN A HEALTH CARE SETTING TO INCREASE THE PROPORTION OF TRAINING PARTICIPANTS WHO SCREEN AND REFER TO THE INDIANA TOBACCO QUITLINE BY 10% BY THE END OF FY 2019 (JUNE 30, 2019). ACHIEVING THIS GOAL WILL CONTRIBUTE TO THE PERCENTAGE OF TOBACCO USERS WHO HAVE BEEN SCREENED AND REFERRED TO THE INDIANA TOBACCO QUITLINE. SPECIFIC ACTION STEPS INCLUDE THE FOLLOWING: COMPLETE THE PROVIDER TRAINING CHECKLIST - ACTION STEP #1; PLAN AT LEAST TWO RX FOR CHANGE TRAININGS IN YOUR COMMUNITY IN FY 2018 AND ENSURE CONTINUING EDUCATION CREDITS ARE AVAILABLE, IF APPLICABLE (SEE PROVIDER TRAINING CHECKLIST - ACTION STEP #2); DEVELOP A STRATEGY TO PROMOTE TRAININGS TO THE COMMUNITY; PROMOTE AND OFFER AT LEAST TWO RX FOR CHANGE TRAININGS AT NO CHARGE TO YOUR COMMUNITY IN FY 2018; ENTER FY 2018 BASELINE SURVEY DATA INTO DATABASE WITHIN TWO WEEKS OF EACH TRAINING; FOR FY 2019 - REPEAT ACTION STEPS #2-4 TO PLAN, DEVELOP, AND PROMOTE AND OFFER AT LEAST TWO RX FOR CHANGE TRAININGS AT NO CHARGE TO YOUR COMMUNITY IN FY 2019; AND ENTER FY 2019 BASELINE SURVEY DATA INTO DATABASE WITHIN TWO WEEKS OF EACH TRAINING.</p> <p>NEEDS THAT WILL NOT BE ADDRESSED THE HOSPITAL IS COMMITTED TO IMPROVING COMMUNITY HEALTH BY DIRECTLY, AND INDIRECTLY, ADDRESSING PRIORITIZED HEALTH NEEDS. HOWEVER, CERTAIN FACTORS IMPACT THE HOSPITAL'S ABILITY TO FULLY ADDRESS ALL PRIORITY HEALTH NEEDS. THE NEEDS LISTED BELOW ARE NOT INCLUDED IN THE HOSPITAL'S IMPLEMENTATION STRATEGY PLAN FOR THE FOLLOWING REASONS:</p> <p>TRANSPORTATION - THIS IDENTIFIED HEALTH NEED IS NOT BEING MONITORED AND EVALUATED IN THE IMPLEMENTATION STRATEGY DUE TO LIMITATIONS WITHIN THE HOSPITAL'S FINANCIALS AND HUMAN RESOURCES. HOWEVER, ST. VINCENT FRANKFORT SUPPORTS HEALTHY COMMUNITIES OF CLINTON COUNTY COALITION AND OTHER ORGANIZATIONS THAT ARE FOCUSING ON THIS ISSUE.</p> <p>MATERNAL, FETAL &amp; INFANT HEALTH - THIS ISSUE IS BEING ADDRESSED IN THE ACCESS TO HEALTH SERVICES PRIORITY.</p> <p>EDUCATION - THIS IDENTIFIED HEALTH NEED IS NOT BEING MONITORED AND EVALUATED IN THE IMPLEMENTATION STRATEGY BECAUSE IT IS OUTSIDE THE SCOPE OF THE HOSPITAL'S CORE MISSION. HOWEVER, THE HOSPITAL PROVIDES A CLINIC SITE FOR THE CERTIFIED NURSE ASSISTANT PROGRAM IN CLINTON COUNTY.</p>

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Schedule H (Form 990) 2016

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 1B - MEDICAID OFFSETTING REVENUE	BECAUSE ST. VINCENT FRANKFORT PROVIDES CARE FOR A SIGNIFICANT SHARE OF INDIVIDUALS COVERED BY MEDICAID AND OTHER GOVERNMENT MEANS-TESTED PROGRAMS, IT QUALIFIES FOR STATE REIMBURSEMENT (DSH PAYMENTS) THAT HELPS TO SUBSIDIZE THIS CARE. IN FY 17, ST. VINCENT FRANKFORT RECEIVED DSH PAYMENTS OF \$3,543,506. HAD DSH PAYMENTS OF \$3,543,506 NOT BEEN RECEIVED IN FY 17, ST. VINCENT DUNN'S GOVERNMENT MEANS-TESTED HEALTHCARE WOULD BE \$5,443,589 AND THE TOTAL COMMUNITY BENEFIT CONTRIBUTION FOR FY 17 WOULD BE \$7,079,005.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART I, LINE 7 - CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST</p>	<p>COMMUNITY BENEFIT OVERVIEW</p> <p>ST. VINCENT FRANKFORT HOSPITAL IS PART OF ST. VINCENT HEALTH, A NON-PROFIT HEALTHCARE SYSTEM CONSISTING OF 20 LOCALLY-SPONSORED MINISTRIES SERVING OVER 57 COUNTIES THROUGHOUT CENTRAL INDIANA. SPONSORED BY ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM, ST. VINCENT HEALTH IS ONE OF THE LARGEST HEALTHCARE EMPLOYERS IN THE STATE.</p> <p>ST. VINCENT CREATES STRONG PARTNERSHIPS WITH BUSINESSES, COMMUNITY ORGANIZATIONS, LOCAL, STATE AND FEDERAL GOVERNMENT. WORKING WITH ITS PARTNERS, AND UTILIZING THE CHNA COMPLETED EVERY THREE YEARS, ST. VINCENT FRANKFORT HOSPITAL IS COMMITTED TO ADDRESSING COMMUNITY HEALTH NEEDS AND DEVELOPING AND EXECUTING AN IMPLEMENTATION STRATEGY TO MEET IDENTIFIED NEEDS TO IMPROVE HEALTH OUTCOMES WITHIN THE COMMUNITY.</p> <p>COMMUNITY BENEFIT IS NOT THE WORK OF A SINGLE DEPARTMENT OR GROUP WITHIN ST. VINCENT FRANKFORT, BUT IS PART OF THE ST. VINCENT MISSION AND CULTURAL FABRIC. THE HOSPITAL LEADERSHIP TEAM PROVIDES DIRECTION AND RESOURCES IN DEVELOPING AND EXECUTING THE IMPLEMENTATION STRATEGY IN CONJUNCTION WITH THE ST. VINCENT HEALTH COMMUNITY DEVELOPMENT &amp; HEALTH IMPROVEMENT DEPARTMENT, BUT ASSOCIATES AT ALL LEVELS OF THE ORGANIZATION CONTRIBUTE TO COMMUNITY BENEFIT AND HEALTH IMPROVEMENT.</p> <p>FINANCIAL ASSISTANCE</p> <p>AS PART OF ST. VINCENT HEALTH, THE ST. VINCENT FRANKFORT VISION IS TO DELIVER A CONTINUUM OF HOLISTIC, HIGH-QUALITY SERVICES AND IMPROVE THE HEALTH OF INDIVIDUALS AND COMMUNITIES, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE. THIS IS ACCOMPLISHED THROUGH A GENEROUS ASSISTANCE POLICY WHICH INCLUDES FINANCIAL ASSISTANCE AT COST AND UNREIMBURSED COST OF PUBLIC PROGRAMS.</p> <p>PATIENT SERVICES FOR POOR AND VULNERABLE</p> <p>HOSPITAL AND OUTPATIENT CARE IS PROVIDED TO PATIENTS THAT CANNOT PAY FOR SERVICES, INCLUDING HOSPITALIZATIONS, SURGERIES, PRESCRIPTION DRUGS, MEDICAL EQUIPMENT AND MEDICAL SUPPLIES. PATIENTS WITH INCOME LESS THAN OR EQUAL TO 250% OF THE FEDERAL POVERTY LEVEL (FPL) WILL BE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF ON THAT PORTION OF THE CHARGES FOR SERVICES FOR WHICH THE PATIENT IS RESPONSIBLE FOLLOWING PAYMENT BY AN INSURER, IF ANY. AT A MINIMUM, PATIENTS WITH INCOMES ABOVE 250% OF THE FPL, BUT NOT EXCEEDING 400% OF THE FPL, WILL RECEIVE A SLIDING SCALE DISCOUNT ON THAT PORTION OF THE CHARGES FOR SERVICES PROVIDED FOR WHICH THE PATIENT IS RESPONSIBLE FOLLOWING PAYMENT BY AN INSURER, IF ANY. A PATIENT ELIGIBLE FOR THE SLIDING SCALE DISCOUNT WILL NOT BE CHARGED MORE THAN THE CALCULATED AGB (AMOUNTS GENERALLY BILLED) CHARGES. PATIENTS WITH DEMONSTRATED FINANCIAL NEEDS WITH INCOME GREATER THAN 400% OF THE FPL MAY BE ELIGIBLE FOR CONSIDERATION UNDER A "MEANS TEST" FOR SOME DISCOUNT OF THEIR CHARGES FOR SERVICES FROM THE ORGANIZATION BASED ON A SUBSTANTIVE ASSESSMENT OF THEIR ABILITY TO PAY. MAXIMUM OWED BY ANY PATIENT PER EPISODE OF CARE OR ACCOUNT IS 10% OF GROSS HOUSEHOLD INCOME. HOSPITAL FINANCIAL COUNSELORS AND HEALTH ACCESS WORKERS ASSIST PATIENTS IN DETERMINING ELIGIBILITY AND IN COMPLETING NECESSARY DOCUMENTATION. ST. VINCENT FRANKFORT HOSPITAL IS COMMITTED TO 100% ACCESS, AND IS PROACTIVE IN PROVIDING HEALTHCARE THAT LEAVES NO ONE BEHIND.</p> <p>PUBLIC PROGRAM PARTICIPATION</p> <p>ST. VINCENT FRANKFORT HOSPITAL PARTICIPATES IN GOVERNMENT PROGRAMS INCLUDING MEDICAID, SCHIP (HOOSIER HEALTHWISE), HEALTHY INDIANA PLAN (HIP), THE HEALTH INSURANCE MARKETPLACE AND MEDICARE AND ASSISTS PATIENTS IN ENROLLING FOR PROGRAMS FOR WHICH THEY ARE ELIGIBLE. PER CATHOLIC HEALTH ASSOCIATION GUIDELINES AND ST. VINCENT HEALTH'S CONSERVATIVE APPROACH, MEDICARE SHORTFALL IS NOT INCLUDED AS COMMUNITY BENEFIT.</p> <p>COMMUNITY HEALTH IMPROVEMENT EFFORTS MUST TAKE A COMPREHENSIVE APPROACH AND UTILIZE DIVERSE METHODS IN ORDER TO REACH INTENDED AUDIENCES. AS A SYSTEM, ST. VINCENT WORKS TO IMPROVE THE HEALTH OF COMMUNITIES THROUGH A VARIETY OF APPROACHES, INCLUDING COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, GENERALIZABLE RESEARCH, AND CASH AND IN-KIND CONTRIBUTIONS. DURING FISCAL YEAR 2017, ST. VINCENT FRANKFORT SUPPORTED THE COMMUNITY IN THE FOLLOWING WAYS:</p> <p>COMMUNITY HEALTH IMPROVEMENT SERVICES</p> <p>COMMUNITY HEALTH EDUCATION</p> <p>ST. VINCENT FRANKFORT HOSPITAL PROVIDES HEALTH EDUCATION ON A NUMBER OF TOPICS AND ISSUES FACING THE LOCAL COMMUNITY THROUGHOUT THE YEAR. THE INFORMATION IS OFFERED TO THE COMMUNITY THROUGH A VARIETY OF METHODS, WHICH INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING: HEALTH FAIRS, HEALTH PROMOTION AND WELLNESS PROGRAMS, LECTURES, SCHOOL HEALTH EDUCATION PROGRAMS, AND SUPPORT GROUPS.</p> <p>SOCIAL AND ENVIRONMENTAL IMPROVEMENT ACTIVITIES</p> <p>PROGRAMS AND ACTIVITIES THAT IMPROVE THE HEALTH OF PERSONS IN THE COMMUNITY BY ADDRESSING THE DETERMINANTS OF HEALTH, WHICH INCLUDE THE SOCIAL, ECONOMIC AND PHYSICAL ENVIRONMENT, WHICH INCLUDES REMOVAL OF HARMFUL MATERIALS IN PUBLIC HOUSING, PARTICIPATION IN COMMUNITY COALITIONS TO INCREASE JOBS WITH HEALTH INSURANCE, AND CONDUCTING A SEPARATE ASSESSMENT FOR COMMUNITY DISASTER PREPAREDNESS.</p> <p>CASH AND IN-KIND CONTRIBUTIONS</p> <p>THE HOSPITAL MAKES CASH AND IN-KIND CONTRIBUTIONS TO A VARIETY OF ORGANIZATIONS FOCUSED ON IMPROVING THE HEALTH STATUS IN THE COMMUNITY. EXAMPLES INCLUDE CASH DONATIONS TO NONPROFITS IN RESPONSE TO NATURAL DISASTERS, EVENT SPONSORSHIPS FOCUSED ON ADDRESSING AN IDENTIFIED COMMUNITY HEALTH NEED, DONATION OF EMPLOYEE TIME/SERVICES TO OUTSIDE ORGANIZATIONS, AND THE REPRESENTATION OF THE HOSPITAL ON COMMUNITY BOARDS AND COMMITTEES.</p> <p>COMMUNITY BENEFIT OPERATIONS</p> <p>HOSPITAL STAFF DEDICATES SIGNIFICANT TIME AND COSTS TO LEAD AND MANAGE COMMUNITY BENEFIT PROGRAMS AND ACTIVITIES, WHICH INCLUDE INTERNAL TRACKING AND REPORTING OF COMMUNITY BENEFIT. FUNDS ARE ALLOCATED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND</p>

Return Reference - Identifier	Explanation
	<p>DEVELOP AN IMPLEMENTATION STRATEGY.</p> <p>SYSTEM WIDE HEALTH IMPROVEMENT PRIORITIES NOTE: FY17 WILL BE THE ONLY YEAR THAT THIS HOSPITAL WORKS ON THIS HEALTH NEED. THE TERMINATION OF LEASE AGREEMENT FOR ST. VINCENT FRANKFORT, INC. WAS ON MAY 30, 2017.</p> <p>FY17 WAS THE FIRST YEAR OF THE THREE YEAR SWHIP IMPLEMENTATION STRATEGY (FY17-19). BELOW IS A YEAR 1 UPDATE FOR EACH SWHIP:</p> <p>1)ACCESS TO HEALTH SERVICES: THE HEALTH ADVOCATE HELPED 329 PEOPLE OBTAIN MEDICAL INSURANCE (FY17 GOAL=287; FY17 GOAL ATTAINMENT=115%). AS OF JUNE 30, 2017, THE HOSPITAL HAS ATTAINED 36% OF ITS OVERALL ENROLLMENT GOAL FOR THIS THREE YEAR CYCLE (N=904). THE TOTAL COMMUNITY BENEFIT FOR THIS HEALTH NEED IN FY17 WAS \$23,305.</p> <p>2)EXERCISE, NUTRITION &amp; WEIGHT: FY17 WAS STRUCTURED AS A PLANNING YEAR TO INCREASE THE LIKELIHOOD OF PROGRAM SUSTAINABILITY AND SUCCESS. IN THE FIRST YEAR OF IMPLEMENTATION, THE HOSPITAL:</p> <p>*COMPLETED A PROGRAM CHECKLIST, WHICH ASSISTED IN IDENTIFYING A SCHOOL (COMPLETED BY 9/30/16).</p> <p>*MET WITH STAKEHOLDERS TO DETERMINE LOGISTICS (COMPLETED BY 12/31/16).</p> <p>*DEVELOPED PROTOCOL DESCRIBING HOW THE WEEKEND FEEDING PROGRAM WORKS AND THE HOSPITAL'S ROLE/CONTRIBUTION TO THE PROGRAM OVER THE THREE YEAR CYCLE (COMPLETED BY 3/31/17). THE HOSPITAL'S DESCRIBED ITS ROLE/CONTRIBUTION AS:</p> <p>-PARTNERED WITH THE DECA CLUB IN THE FRANKFORT SCHOOL SYSTEM TO ENHANCE THE EXISTING BACKPACK PROGRAM. DONATED OVER \$4,000 FROM BOTH ASSOCIATES AND THE HOSPITAL (\$1:\$1 MATCH UP TO \$2,000)</p> <p>-REPORTED THAT THESE FUNDS EXTEND DECA'S ANNUAL BUDGET (~\$12,000) &amp; SERVE ~135 STUDENTS</p> <p>*SENT A PARTNER COMMITMENT LETTER TO THE SCHOOL'S PRINCIPAL OUTLINING THE HOSPITAL'S CONTRIBUTION TO THE WEEKEND FEEDING PROGRAM IN FY18 AND FY19. THIS LETTER WAS SIGNED BY THE HOSPITAL ADMINISTRATOR THEN EMAILED AND MAILED VIA US POSTAL SERVICE (COMPLETED BY 5/31/17).</p> <p>THE TOTAL COMMUNITY BENEFIT FOR THIS HEALTH NEED IN FY17 WAS \$419; STAFF TIME=11 HOURS.</p> <p>3)BEHAVIORAL HEALTH: THE FIRST YEAR OF THIS IMPLEMENTATION CYCLE WAS DESIGNATED AS A PLANNING YEAR TO INCREASE THE LIKELIHOOD OF PROGRAM SUSTAINABILITY AND SUCCESS. DURING FY17, THE HOSPITAL:</p> <p>*COMPLETED A TRAINING CHECKLIST, WHICH FACILITATED IN IDENTIFYING ASSOCIATES TO BECOME FORMALLY TRAINED RX FOR CHANGE TRAINERS (COMPLETED BY 9/30/16).</p> <p>*SENT AN ASSOCIATE TO ATTEND AN IN-PERSON RX FOR CHANGE "TRAIN-THE-TRAINER" SESSION. THE ASSOCIATES CAN DELIVER THE RX FOR CHANGE CURRICULUM TO ANY HEALTH CARE PROFESSIONAL (COMPLETED BY 2/16/17).</p> <p>*DEVELOPED A DISTRIBUTION LIST OF POSSIBLE TRAINING PARTICIPANTS (COMPLETED BY 3/31/17).</p> <p>THE TOTAL COMMUNITY BENEFIT FOR THIS HEALTH NEED IN FY17 WAS \$507; STAFF TIME=10 HOURS.</p>
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST OF PROVIDING CHARITY CARE, MEANS TESTED GOVERNMENT PROGRAMS, AND COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.
SCHEDULE H, PART II - DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	EXTENSIVE RESEARCH HAS SHOWN THAT SOCIAL DETERMINANTS, SUCH AS POVERTY LEVEL, EDUCATION LEVEL, EMPLOYMENT AND HOUSING, HAVE SIGNIFICANT IMPACT ON HEALTH OUTCOMES, EQUAL TO OR GREATER THAN THE IMPACT OF HEALTH CARE, HEALTH EDUCATION AND DIRECT HEALTH BEHAVIORS. EFFORTS TO IMPROVE HEALTH WITHIN OUR COMMUNITIES MUST INCLUDE BOTH TRADITIONAL COMMUNITY BENEFIT ACTIVITIES THAT DIRECTLY ADDRESS HEALTH OUTCOMES AS WELL AS COMMUNITY BUILDING ACTIVITIES THAT ADDRESS SOME OF THE UNDERLYING FACTORS THAT HELP TO DETERMINE THE OVERALL HEALTH AND WELL-BEING OF INDIVIDUALS AND COMMUNITIES SERVED. AN EXAMPLE OF COMMUNITY BUILDING IS THE BACK TO SCHOOL PROGRAM WHICH PROVIDES SCHOOL SUPPLIES AND BACK PACKS FOR CHILDREN. PURCHASING SCHOOL ITEMS CAN BE A FINANCIAL BURDEN WHICH AFFECTS THE MENTAL AND PHYSICAL HEALTH OF FAMILIES.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2017 WAS \$761,703 AT CHARGES, (\$265,606 AT COST).
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT EXPENSE IS LOCATED ON PAGE 19.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE ORGANIZATION HAS A WRITTEN DEBT COLLECTION POLICY THAT ALSO INCLUDES A PROVISION ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY.
SCHEDULE H, PART V, SECTION B, LINE 17 - BILLING AND COLLECTION POLICY	DURING TAX YEAR 2017, THE ORGANIZATION LEARNED VIA VERBAL COMMENTS OF IRS AGENTS AT PUBLIC EVENTS THAT THE IRS INTENDS THAT THE "READILY OBTAINABLE" STANDARD IN THE 501(R) REGULATIONS FOR THE AGB CALCULATION AND BILLING AND COLLECTION POLICY IS ONLY MET IF THOSE ITEMS ARE POSTED TO THE ORGANIZATION'S WEB SITE. THE ORGANIZATION HAD INTERPRETED THAT WEB POSTING STANDARD TO BE A SAFE HARBOR AFTER CONSULTING WITH EXTERNAL COUNSEL AND TAX ADVISORS, AND TIMELY TOOK OTHER STEPS TO MAKE THE INFORMATION READILY OBTAINABLE. CONSEQUENTLY, THE ORGANIZATION DOES NOT BELIEVE ITS DECISION TO NOT POST THESE DOCUMENTS TO ITS WEB SITE RISES TO THE LEVEL OF A FAILURE, NOR DOES IT BELIEVE THE CIRCUMSTANCES WERE EITHER WILLFUL OR EGREGIOUS, HAVING OTHERWISE TIMELY TAKEN THE STEPS NECESSARY TO ATTAIN AND CONTINUE TO MAINTAIN COMPLIANCE WITH THE OTHER REQUIREMENTS RELATED TO THE BILLING AND COLLECTION POLICY AND THE AGB, AS PART OF ITS POLICIES AND PROCEDURES FOR ENSURING COMPLIANCE WITH ALL ASPECTS OF 501(R). HOWEVER, THE ORGANIZATION IS MAKING THIS VOLUNTARY DISCLOSURE IN ORDER TO COMMUNICATE TO THE IRS THE CHANGES IT IS UNDERTAKING IN RESPONSE TO THE RECENT IRS INFORMAL GUIDANCE ON THIS SPECIFIC POINT CONCERNING THE "READILY OBTAINABLE" STANDARD, AND THE FACT THAT THE ORGANIZATION HAS STARTED THE WORK NECESSARY TO POST ITS AGB INFORMATION AND BILLING AND COLLECTION POLICY TO ITS WEB SITE AND WILL COMPLETE THOSE ADDITIONAL POSTINGS AS SOON AS REASONABLY POSSIBLE. THE OTHER WEB POSTINGS REQUIRED UNDER 501(R) (I.E., THOSE RELATED TO THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE FINANCIAL ASSISTANCE POLICY) WERE TIMELY COMPLETED AND CONTINUE TO REMAIN IN PLACE AS REQUIRED. THE ORGANIZATION BELIEVES ITS SAFEGUARDS WORKED AS INTENDED IN THIS CASE (I.E., THE ORGANIZATION HAS REGULAR COMMUNICATIONS WITH A NUMBER OF EXTERNAL LAW FIRMS AND TAX CONSULTANTS AND THE TIMELY ATTENTION TO THE RECENT GUIDANCE WAS SUPPORTED BY THE FRAMEWORK OF REGULAR ACCESS TO SUBJECT MATTER EXPERTS). THESE CHANGES ARE IN THE PROCESS OF BEING INCORPORATED INTO CORPORATE POLICIES AND PROCEDURES THAT APPLY TO THE ORGANIZATION.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	ST. VINCENT FRANKFORT HOSPITAL USES RELIABLE, THIRD PARTY REPORTS, INCLUDING DATA FROM GOVERNMENT SOURCES TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. THESE REPORTS PROVIDE INFORMATION ABOUT KEY HEALTH, SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS THAT POINT TO AREA OF NEED AND INCLUDE BUT ARE NOT LIMITED TO REPORTS FROM INDIANA STATE DEPARTMENT OF HEALTH, INDIANA BUSINESS RESEARCH CENTER AT INDIANA UNIVERSITY, U.S. CENSUS BUREAU, ALLIANCE FOR A HEALTHIER INDIANA, TOBACCO PREVENTION & CESSATION COMMISSION AND INDIANA HOSPITAL ASSOCIATION. ST. VINCENT FRANKFORT HOSPITAL UTILIZES INFORMATION FROM THESE SECONDARY SOURCES TO DEVELOP PROGRAMS AND PROVIDE SERVICES THROUGHOUT THE REGION. IN ADDITION, ST. VINCENT FRANKFORT HOSPITAL CONSIDERS THE HEALTH CARE NEEDS OF THE OVERALL COMMUNITY WHEN EVALUATING INTERNAL FINANCIAL AND OPERATIONAL DECISIONS.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	ST. VINCENT FRANKFORT HOSPITAL COMMUNICATES WITH PATIENTS IN MULTIPLE WAYS TO ENSURE THAT THOSE WHO ARE BILLED FOR SERVICES ARE AWARE OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AS WELL AS THEIR POTENTIAL ELIGIBILITY FOR LOCAL, STATE OR FEDERAL PROGRAMS. SIGNS ARE PROMINENTLY POSTED IN EACH SERVICE AREA, AND BILLS CONTAIN A FORMAL NOTICE EXPLAINING THE HOSPITAL'S CHARITY CARE PROGRAM. IN ADDITION, THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS, HEALTH ACCESS WORKERS, AND ENROLLMENT SPECIALISTS WHO CONSULT WITH PATIENTS ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS AND HELP PATIENTS IN APPLYING FOR ANY PUBLIC PROGRAMS FOR WHICH THEY MAY QUALIFY.
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	ST. VINCENT FRANKFORT HOSPITAL IS LOCATED IN FRANKFORT, INDIANA. ST. VINCENT FRANKFORT SERVES CLINTON AND CONTIGUOUS COUNTIES, IN NORTHWEST CENTRAL INDIANA. CLINTON IS A RURAL COUNTY WITH AN ESTIMATED POPULATION OF 32,800. THE MOST COMMON INDUSTRY IN CLINTON COUNTY IS MANUFACTURING. ACCORDING TO THE 2015 COUNTY HEALTH RANKINGS, CLINTON COUNTY RANKS 53RD OUT OF 92 INDIANA COUNTIES. CLINTON COUNTY DEMOGRAPHICS ARE SIMILAR BUT SLIGHTLY MORE DIVERSE THAN THE OVERALL INDIANA STATE POPULATION. APPROXIMATELY 15% OF CLINTON COUNTY RESIDENTS ARE HISPANIC OR LATINO, COMPARED WITH ONLY 6.7% IN INDIANA STATE, AND 11.8% OF CLINTON COUNTY RESIDENTS SPEAK SPANISH AT HOME. THE MEDIAN HOUSEHOLD INCOME IS ON PAR WITH THE STATE AT ABOUT \$49,000 ANNUALLY, AND ROUGHLY 11% OF CLINTON COUNTY FAMILIES ARE LIVING IN POVERTY, WHICH IS SLIGHTLY LOWER THAN THE STATE. CLINTON COUNTY'S UNINSURED RATE IS 15% WHICH IS HIGHER THAN THE STATE'S RATE OF 14%. BY THE INDIANA STATE DEPARTMENT OF HEALTH AND U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CLINTON COUNTY IS NOT DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) AND POPULATION (MUP) AS OF DECEMBER, 2016.
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	ST. VINCENT FRANKFORT HOSPITAL'S GOVERNING BODY IS COMPRISED OF PERSONS REPRESENTING DIVERSE ASPECTS AND INTERESTS OF THE COMMUNITY. MANY MEMBERS OF ST. VINCENT FRANKFORT HOSPITAL'S GOVERNING BODY RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA; WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES AND APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH.



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>ST. VINCENT FRANKFORT HOSPITAL IS AN AFFILIATE OF ST. VINCENT HEALTH SYSTEM AND ASCENSION HEALTH. ST. VINCENT FRANKFORT AFFILIATES ARE LARGE MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT MINISTRIES INCLUDING HOSPITAL AND NON-HOSPITAL MINISTRIES (PHYSICIAN GROUP PRACTICES, HOSPITAL ORGANIZATIONS, RESEARCH, HOME HEALTH, DURABLE MEDICAL EQUIPMENT AND SENIOR FACILITIES). THESE MINISTRIES WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF SERVING AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS ESPECIALLY THOSE WHO ARE VULNERABLE. THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION AND RESEARCH. THE ORGANIZATIONS WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, STATE, AND NATIONAL LEVEL.</p> <p>ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH. A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 23 OF THE UNITED STATES AND THE DISTRICT OF COLUMBIA.</p> <p>ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ORGANIZATIONS/ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE.</p> <p>AS PART OF ST. VINCENT HEALTH, ST. VINCENT FRANKFORT HOSPITAL IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES. WHILE DESIGNATED ASSOCIATES AT ST. VINCENT FRANKFORT HOSPITAL DEVOTE TIME TO LEADING AND ADMINISTERING LOCAL COMMUNITY-BASED PROGRAMS AND PARTNERSHIPS, ASSOCIATES THROUGHOUT THE ORGANIZATION ARE ACTIVE PARTICIPANTS IN COMMUNITY OUTREACH. THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ST. VINCENT HEALTH COMMUNITY DEVELOPMENT &amp; HEALTH IMPROVEMENT ASSOCIATES AND OTHER SUPPORT STAFF WHO WORK WITH EACH OF ITS HEALTHCARE FACILITIES TO ADVOCATE FOR AND PROVIDE TECHNICAL ASSISTANCE FOR COMMUNITY OUTREACH, NEEDS ASSESSMENTS AND PARTNERSHIPS AS WELL AS TO SUPPORT REGIONAL AND STATE-WIDE PROGRAMS, COMMUNITY PROGRAMS SPONSORED BY ST. VINCENT HEALTH IN WHICH ST. VINCENT FRANKFORT HOSPITAL PARTICIPATES.</p>